# F1800003806

(Request	or's Name)
(Address	)
(Address	)
(City/Stat	e/Zip/Phone #)
PICK-UP	WAIT MAIL
(Busines	s Entity Name)
(Docume	ent Number)
Certified Copies	Certificates of Status
Special Instructions to Filing	Officer:
W18-70'	104

Office Use Only



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### FLORIDA DEPARTMENT OF STATE Division of Corporations

August 11, 2018

KIMBERLY C. RONES 5245 CAMILLE AVE JACKSONVILLE, FL 32210

SUBJECT: KIMBERLY C. RONES MINISTRIES INC.

Ref. Number: W18000070106

We have received your document for KIMBERLY C. RONES MINISTRIES INC. and your check(s) totaling \$88.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please accept our apology for failing to mention this in our previous letter.

You must list the names and street addresses of the officers and directors of the corporation on the form/application.

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce Corporate Records Supervisor

Letter Number: 818A00016599



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

August 1, 2018

KIMBERLY C. RONES 5245 CAMILLE AVE JACKSONVILLE, FL 32210

SUBJECT: TO GOD BE THE GLORY MINISTRIES INCORPORATED

Ref. Number: W18000070106

We have received your document for TO GOD BE THE GLORY MINISTRIES INCORPORATED and your check(s) totaling \$88.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company, "Corporation," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 818A00015867

Deborah Bruce Corporate Records Supervisor

www.sunbiz.org

#### **COVER LETTER**

TO:

Registration Section

□ \$70.00 Filing Fee

□\$78.75 Filing Fee &

Certificate of Status

Division of Corporations	
SUBJECT: TO GOD BE The GORY Name of Corporation - must incl	MINISTRIES Ircorepor
Dear Sir or Madam:	
The enclosed "Application by Foreign Not for Profit Corporation Affairs in Florida", "Certificate of Existence", or "Certificate of S register the above referenced not for profit corporation to conduct	Status" and check are submitted to
Please return all correspondence concerning this matter to the following	lowing:
Kimberly C Rones Name of Person	
TO God BE the Colo Firm/Company	OR Ministry Inc.
5245 Camille A	18 AUG T
Scelson VIII Z. F. City/State and Zip Code	<u> </u>
E-mail address: (to be used for future annual)	report notification)
For further information concerning this matter, please call:	
Prophetess Kymber (234) Name of Person Area Code	538-9211 Daytime Telephone Number
Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301
Enclosed is a check for the following amount:	

□\$78.75 Filing Fee &

Certified Copy

**\$3** \$87.50 Filing Fee.

Certified Copy

Certificate of Status &

## APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA

REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO COND	MITTED TO UCT ITS AFFAL	RS IN
THE STATE OF FLORIDA:	incorporat	od
(Name of corporation: must include the word "INCORPORATED" of "CORPORATION" or words or abbrimport in language as will clearly indicate that it is a corporation instead of a natural person or partnership it in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation	eviations of like f not so contained n.)	
Kimbeely C. Rones Ministers Tro.  (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting busin		
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting busing	ness in Florida)	
2. Al Abound (State or country under the law of which it is incorporated) 3. (FE) number, if applicable)	69	
(state of country under the law of which it is incorporated) (PE) number, if applicable)		
4. O9-27-2607 5. (Date of Incorporation) 5. (Date of duration, if other than p	erpetual)	
LIANT,		
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determ	nine penalty liabilit	v.)
5245 Camille AVE		
(Principal office address)		
P.O. Box 61802 Jack Son	ule Fl	
(Current mailing address, if different)	32	236
8. (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)		
(Dumana) af a managating and agined in bound areas an annual action and of any in the state of Florida)		
(Purpose(s) of corporation authorized in nome state or country to be carried out in the state of Florida)		<b>e</b>
	SECRET	
9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)	ALLAHASSE	
9. Name and <u>street address</u> of Florida registered agent: (P.O. Box <u>NOT</u> acceptable)  Name: (P.O. Box <u>NOT</u> acceptable)	288. 288. 288.	
9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: K.C. Davis RONES  Office Address: 5245 Camille AVE.	RA BA	
9. Name and <u>street address</u> of Florida registered agent: (P.O. Box <u>NOT</u> acceptable)  Name: (P.O. Box <u>NOT</u> acceptable)	288. 288. 288.	
9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:	SSEEF FLORIDA  poration at the pact in this capac	lace
9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:   Name:   Sack Sonville Florida 32210  (City)  10. Registered agent's acceptance:   Having been named as registered agent and to accept service of process for the above stated cordesignated in this application, I hereby accept the appointment as registered agent and agree to	SSEEF FLORIDA  poration at the pact in this capac	lace
9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: Som III e Florida 32210  (City)  10. Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated corfusionated in this application, I hereby accept the appointment as registered agent and agree to further agree to comply with the provisions of all statutes relative to the proper and complete per duties, and I am familiar with and accept the obligations of my position as registered agent.	SSEEF FLORIDA  poration at the pact in this capac	lace
9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:	SSEEF FLORIDA  poration at the p act in this capac rformance of my	lace ity. I

A. DIRECTORS
Chairman: Christopher. L. Rones
Address: 5245 Camille AVE
Suckson VIILE FI 32210
Vice Chairman: LA Donna Smith.
Address: 2218 6111 VIIIage Way # 216
Address: 2218 Gill VIllage Way # 216 San Diego CA 92108
. <i>i</i>
Address: 7957 Cupe Sido Way Jacksonville F1 32222
Director:
Address:
B. OFFICERS  B. OFFICERS  B. OFFICERS  B. OFFICERS  B. OFFICERS  B. OFFICERS
President: Sergart Kevon McCadney  Address: PSC 37 Box 5132 Apo. Az 09459
Address: PSC 37 Box 5 132 APD. AZ. 0995
Vice President:
Address:
Secretary: Cyntha Faye Hocks
Address: 152 Countey Boad. 239. Union Spring All 36089 Treasurer: Gene Velyn Cranford. 300 Forevest court Address: Montemery. Al 36116
Treasurer: Gene Velyn Cranford. 300 Forevest covet
Address: Monteymery. Al 36116
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.  13. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)
(Need or printed name and capacity of person signing application)

John H. Merrill Secretary of State P.O. Box 5616 Montgomery, AL 36103-5616

# STATE OF ALABAMA

I, John H. Merrill, Secretary of State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that

the entity records on file in this office disclose that To GOD BE THE GLORY MINISTRIES, Inc. was formed in Elmore County, Alabama on September 27, 2007. The Alabama Entity Identification number for this entity is 566-637. I further certify that the records do not disclose that said entity has been dissolved, cancelled or terminated.



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In Testimony Whereof, I have hereunto set my hand and affixed the Great Seal of the State, at the Capitol, in the city of Montgomery, on this day.

04/30/2018

Date

X 74. Merill

John H. Merrill

Secretary of State